

**NJ-W-4P**  
(8-96)

**CERTIFICATE OF VOLUNTARY WITHHOLDING  
OF NEW JERSEY GROSS INCOME TAX  
FROM PENSION AND ANNUITY PAYMENTS**

Type or Print Your Full Name

Your Social Security No.

Home Address (No. and Street or Rural Route)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

City or Town

State

Zip Code

Claim or ID Number of Your Pension  
or Annuity Contract

I elect to have New Jersey Gross Income Tax withheld from each pension or annuity payment in the amount of  
\$ \_\_\_\_\_ .00 (Minimum of \$10.00 per payment or an even dollar amount greater than the minimum.)

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORM MAY BE REPRODUCED**